

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5468

CERTIFICATE OF DEATH

REGISTRAR'S NO. 130

BIRTH NO.

15 AGE OF DEATH 51 AND 51 JAL RESIDENCE X-	1. PLACE OF DEATH A. COUNTY <b>Yuma</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <b>Arizona</b> B. COUNTY <b>Yuma</b>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <b>Yuma</b> )		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Yuma</b>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <b>545 Magnolia Avenue</b>		D. STREET ADDRESS <b>545 Magnolia Avenue</b>	
DECEDENT PERSONAL DATA 776 8 954	3. NAME OF DECEASED (TYPE OR PRINT) <b>Ygnacio Rosas Sr.</b>			4. SEX <b>Male</b>
	5. COLOR OR RACE <b>White</b>			
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH <b>Nov 26 1877</b>	
	8. AGE <b>76</b> YEARS <b>11</b> MONTHS <b>28</b> DAYS		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>Proprietor</b>	
	9B. KIND OF BUSINESS OR INDUSTRY <b>Grocery store</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Mexico</b>	
CAUSE OF DEATH (ITEM 18)	11. CITIZEN OF WHAT COUNTRY? <b>Mexico</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>no</b>	
	13. SOCIAL SECURITY NO. <b>no</b>			
	14A. FATHER'S NAME <b>Roque Rosas</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Mexico</b>	
15A. MOTHER'S MAIDEN NAME <b>Petra Ruiz</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Mexico</b>		
16. INFORMANT'S SIGNATURE <b>Marina Rosas</b>		ADDRESS <b>Ariz 545 Magnolia Ave Yuma</b>		17. DATE OF DEATH (MONTH) <b>September</b> (DAY) <b>24</b> (YEAR) <b>1954</b>
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE OF (a), (b), (c). <b>Coronary Thrombosis</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>
19. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) <b>Generalized Arteriosclerosis.</b>		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Sept 24 1954</b> AND THAT I LAST SAW THE DECEASED ALIVE <b>Sept 24 1954</b> AND THAT DEATH OCCURRED AT <b>10:21 P.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
23A. SIGNATURE <b>Robert E. Johnson</b> (DEPUTY REGISTRAR)		23B. ADDRESS <b>167 E. 32nd St. 5th First St. YUMA-ARIZ.</b>		23C. DATE SIGNED <b>9-25-54</b>
24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE <b>9-26-54</b>		24C. NAME OF CEMETERY OR CREMATORY <b>San Luis Cemetery</b>
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>San Luis, Sonora, Mexico</b>		24E. FUNERAL DIRECTOR'S SIGNATURE <b>The Johnson Mortuary, Inc. Box 310 Yuma, Arizona</b>		24F. CERT. NO. <b>246A</b>
25A. DATE REC'D BY LOCAL REG. <b>9-25-54</b>		25B. REGISTRAR'S SIGNATURE <b>Deputy Registrar</b>		25C. FUNERAL DIRECTOR'S SIGNATURE <b>R.E. Johnson</b>